

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|---|-------------------------------------|-----------------------|---------------|
| 1 Date of Request: <u>7-5-02</u> | | 2 Serial/Patent # <u>07/010,764</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/> | Filing | | | \$ |
| <input type="checkbox"/> | Amendment | | | \$ |
| <input type="checkbox"/> | Extension of Time | | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ |
| <u>132</u> | Petition | <u>9</u> | <u>1-14-02</u> | <u>\$130-</u> |
| <input type="checkbox"/> | Issue | | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ |
| <input type="checkbox"/> | Maintenance | | | \$ |
| <input type="checkbox"/> | Assignment | | | \$ |
| <input type="checkbox"/> | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | <u>\$130-</u> |
| | | 8 TO BE REFUNDED BY: | | |
| 10 REASON: | | Treasury Check | | |
| <input type="checkbox"/> | Overpayment | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | |
| <input type="checkbox"/> | Duplicate Payment | | 9 <u>26--0084</u> | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): <u>DISMISSED AS MOOT</u> | | | |
| | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>DOUGLAS WOOD</u> | | TITLE: <u>PET ATTY</u> | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>308-6918</u> | | |
| OFFICE: <u>PETITIONS</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>7/10/02</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

BEST AVAILABLE COPY